four to forty-eight hours in a 0.2 to 0.5 per cent. silver nitrate bath. Next they were washed and placed in a mixture of tannic acid, gallic acid, and sodium acetate, such as is recommended by von Ermengen for the staining of flagellæ. After about a quarter of an hour or after the sections had become yellowish in color, they were removed from this solution and treated with 0.2 to 0.5 per cent. silver nitrate until they took on a yellowish-brown color. Finally, they were washed, dehydrated in absolute alcohol, and mounted in balsam.

Control stains by this and other methods convinced the authors that the spiral forms were not particles of elastic tissue or fibrillæ of the stroma of the organ.

An Experimental Investigation upon Left-sided Heart Hypertrophy in Chronic Nephritis.—The cause of the heart hypertrophy in nephritis is still a point which has not been satisfactorily explained. Thoma believes that in chronic interstitial nephritis the narrowing of the bloodvessels of the kidney gives rise to an increased resistance to the blood flow and therefore produces increased pressure in the aorta with subsequent heart hypertrophy. Probably in different forms of nephritis different factors are at work, for in chronic parenchymatous nephritis Senator holds that the increased aortic blood pressure is due to an excess of urea in the blood. Ludwig found that complete occlusion of both renal arteries was not followed by a rise in general blood pressure. Israel found a rise of blood pressure of 3 to 6 mm. of mercury in rabbits after extirpation of one kidney. KATZENSTEIN (*Virch. Arch.*, 1905, Bd. 182, p. 327) has repeated Ludwig's experiments with the same result. He finds, however, that if the circulation of the kidney is not entirely cut out, but restricted by compression or torsion of the renal arteries, a decided rise in blood pressure follows. Five rabbits and thirteen dogs were used for the experiments. The animals were curarized, and all conditions which of themselves might lead to an increase of blood pressure were, as far as possible, excluded. Increased resistance to the renal circulation brought about by partial occlusion of both renal arteries, caused the blood pressure to rise at times 30 mm. of mercury. Complete ligation of the pedicle was followed by a gradual fall in the general pressure. During this process, however, it was found that the renal capillaries became thrombosed and if the ligature was released after this had occurred the blood pressure rapidly rose. The author concludes that where an increased resistance is offered to the circulation of the blood through the kidney, either by partial occlusion of the renal arteries or thrombosis of the renal capillaries, a rise in blood pressure of the general circulation follows, which in turn may cause hypertrophy of the left side of the heart.

A Contribution to the Study of Epidemic Cerebrospinal Meningitis.—ELSER (*Journal of Medical Research*, 1905, vol. xiv. p. 89) presents the results of his study upon the bacteriology of epidemic cerebrospinal meningitis in 130 cases of the disease. The diplococcus intracellularis meningitidis was isolated in 109 of the cases, and in all it corresponded exactly, both morphologically and culturally, to the organism described by Weichselbaum and his followers.

The study of the blood during life is especially valuable. The author used as media one part ascitic fluid and two parts plain bouillon. Cultures were made from forty-one cases, and from these the organism was isolated ten times, or in 24.4 per cent., thus forming the largest series of cases yet reported. The successful blood cultures were all obtained from cases already bacteriologically proven as epidemic cerebrospinal meningitis, the meningococci having been previously isolated from the cerebrospinal fluid in all cases. Seven of the ten successful cases terminated fatally, and the author believes that the demonstration of the organism in the blood is a sign of unfavorable prognosis. However, no significance can be attached in this connection to negative results of blood cultures.

Cultures were taken during life, from the nose or from nose and throat in twenty-two cases, from which the meningococcus was grown six times. Ascitic agar was employed in this part of the work. Care was taken to distinguish the organism from micrococcus catarrhalis, and the author emphasizes the fact that coverslip preparations alone are worthless for this purpose. In five of the successful cases the cultures were made before the sixth day of the disease, and the organism seems to disappear early in the disease from these parts, although in one case a successful culture was obtained on the twenty-second day.

The author is inclined to consider his findings as evidence that the disease is a primary infection of the nose or throat, but conclusions must be drawn with caution from such a small series of cases.

Negative results were obtained from the urine, fluid contained in herpetic vesicles, and form fluid aspirated from a swollen knee-joint complicating one of the cases.

Twenty-three cases came to autopsy, and cultures were made from the brain in seventeen, fourteen of which gave positive results. In one of these cases the meningococcus was isolated from the middle ear, although no lesion of the ear was discernible. In six of the cases that came to autopsy there was found hyperplasia of the thymus and lymphoid structure, characterisitc of status lymphaticus. All of these patients were under twenty-five years of age and ran a very severe and rapid course, and the author believes this condition is an important factor in determining the rapidly fatal issue in cases of epidemic cerebrospinal meningitis. As the condition of status lymphaticus was present in over one-fourth of the cases, the author considers it quite possible that the condition may act as a predisposing. factor.

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